

EDITORIAL

AGEING POPULATION IN AFRICA AND OTHER DEVELOPING COMMUNITIES: A PUBLIC HEALTH CHALLENGE CALLING FOR URGENT SOLUTIONS

The two papers by Mafullul(1,2) in this issue of the journal related to care giving to the elderly in a developed country have interesting results and make good reading. They do, however, raise issues of concern over the health of the elderly in economically less endowed countries.

In all countries, people are living longer. The graying of humanity is a revolution, that is changing family structure; that is hitting developing countries harder than others; that is imposing more and more burden on women; and which extends well beyond demographics, with major economic, social, cultural, psychological and spiritual implications. These factors are just beginning to attract attention in developing countries(3-5).

The World Health Organisation (WHO) coined the phrase "active ageing" in the late 1990's and is meant to portray a more inclusive message than "healthy ageing". The word 'active' relates to continuing involvement in social, economic, spiritual, cultural and civic affairs, not just the ability to be physically active.

In developing countries, the population ageing is occurring more rapidly because of rapid fertility decline and an increasing life expectancy due to medical interventions based on the use of advanced technology and drugs(6). Although sub-Saharan Africa's elderly population is not as large as in other regions of the world, it must be considered a potential cause of concern, since the largest increase in number of the elderly in the world between 1980 and 2000 occurred in Asia and Africa(7).

The number of Africans 60 years and over will increase by a factor of 4.4 from 22.9 million in 1980 to 101.9 million in 2025(8). The population of Africa's elderly aged 65 years and over, on average, stands at about 3% and is expected to increase enormously by 2025(9). Thus, during the last two decades of the twentieth century, sub-Saharan Africa's elderly population increased by about 80% and between 2000 and 2020, it is expected to increase by 93%. The most rapid growth is expected in western and northern Africa whose elderly populations are projected to increase by a factor of 5 between 1980 and 2025. It is also important to note that the numbers of the very old in Africa will also grow at a very fast rate. Consequently, between 1980 and 2025, the 75 years and over age group will increase by 434% in East Africa, 385% in Central Africa, 427% in Northern Africa and 526% in Western Africa(10).

In developing countries there have not been the same advantages in life as in developed countries

leading to a healthy old age. Variations in health status among individual older people of the same age can be dramatic. Decision-makers need to take both of these factors into account when designing policies for the 'older' populations in developing countries.

Population ageing is one of humanity's greatest challenges. As we enter the 21st century, global ageing will put increased economic and social demands on all countries. In Africa, like in other developing parts of the World, socioeconomic development has often not kept pace with the rapid speed of population ageing. As a result, developed countries grew affluent before they became old while developing countries are growing old before they see a significant increase in wealth. In fact, persistent poverty is a major problem of the elderly in developing countries. Urbanisation and migration leave very few people available to take care of the elderly. Another distinct feature of the ageing in Africa, is that a large proportion of the elderly people lives and works in the rural areas. It is estimated that by the year 2020, approximately 64% of Africa's elderly will live in areas defined as rural(11).

Also of significance, is the fact that most of the elderly population will be made up of women(12). Women live longer than men in almost all areas of the world. United Nations projections indicate that between 1985 and 2025, those aged 70 years and above will increase by 284 million males and 317 million females in the developing world. Women who have experienced cumulative disadvantages over the years are thus more likely to be poor and suffer disabilities in old age than men. Female widows far outnumber male widows who marry younger and re-marry sooner. Because of their second class status, the health of older women is often neglected or ignored. In some cultures, attitudes toward widows are degrading and destructive and practices around burial rights and inheritance may rob widows of their property and possessions, their health and independence and in some cases, their very lives. It is thought that women's traditional role as care givers may contribute to their increased poverty and ill health in older age(13).

Africa and other developing countries have experienced an unprecedented proliferation of political unrest and civil strife. These and other economic hardships have caused millions of Africans to flee their countries, and at present, African refugees top the list in the world. Elderly persons have special difficulties coping with the hazardous and stressful journeys and are overwhelmed with the process of adjustment to new life. Many who choose to remain suffer from hardship

as there is hardly anyone left young enough to cultivate food, provide care and protection.

HIV/AIDS has further implications with regard to the health of the elderly, due to added stress as heads of households and ill health of infected adult children, as well as the cost of health care, which will also have to be borne by the elderly. It is usually the older women who take care of their AIDS stricken grown up children and their orphaned grandchildren(14).

Many developing countries are already facing a double burden of disease: the health problems of an ageing population and continuing high rates of communicable disease. By 2020, it is projected that three quarters of all deaths in developing countries could be ageing -related. The largest share of these will be caused by non-communicable diseases such as diseases of the circulatory system, cancers, nutritional disorders musculoskeletal conditions, neurological or mental disorders, vision and hearing problems(15-17).

Elder abuse, a single or repeated act, or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person is another major challenge in the ageing population, both at home and in institutions(18). It includes physical, sexual, psychological and financial abuse as well as neglect, and is notoriously underreported in all cultures. The emerging social and the public health consequences of ageing, especially in developing countries, need to be taken very seriously. In the majority of these countries, poverty, lack of social security schemes, continuing urbanisation and the growing participation of women in the workforce, all contribute to the erosion of traditional forms of care for older people which has previously been the norm in these regions(19).

There is no doubt that the greatest constraint facing Africa and other developing countries with respect to planning for ageing, is the dearth of data on populations over the age of 60 years(20).

Dealing with the above challenges and concerns will involve developing national policies on the elderly, using multi-sectoral workshops/seminars; developing appropriate training programmes on the management of common problems of the elderly; promoting relevant research on the socio-economic and health needs of the elderly; creating minimum data sets for research and policy on ageing and the aged in Africa and preparing an African regional plan of action on ageing and health, based on these data and initiating community-based health care programmes for the elderly(21). A change in attitude is necessary so that the elderly people are seen as able and willing to work, vessels of great wisdom and experience and the realisation that their help is priceless: especially in the volunteer capacity(22). It is time for a new paradigm, one that views older

people as active participants in an age-integrated society and as active contributors as well as beneficiaries of development.

The net results of such actions will include the following: fewer adults will die prematurely in the highly productive stages of life; fewer older people will have disabilities including pain associated with chronic diseases; more older people will remain independent and enjoy a positive quality of life; more older people will continue to make a productive contribution to the economy and to important social, cultural and political aspects of society in paid and unpaid jobs and in domestic and family life and fewer older people will need costly medical treatments and care services. These developments may, of course, make care givers such as described by Mafulul(1,2) redundant.

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